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Preventive Service	S			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months		
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	1 sealant per tooth # per 3 yrs; permanent molars; Ages 12-18 on molars.	
Space maintainers	Yes		Per quadrant - 10=UR, 20=UL, 30=LL, 40=UR must be included on claim form. Upper arch=-1 or lower arch=02 must be included on claim form.	
Diagnostic Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	1 x 6 months		
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes		D0270 - 4 per year (D0272, D0273, D0274 - 1 per year)	
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		
Treatment Service	s			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		2 per tooth # per year	
Fillings				
Silver amalgam	Yes		5 surfaces per tooth # per 3 yrs; \$25 copay for Premium Plan Members	
Tooth colored composite	Yes		5 surfaces per tooth # per 3 yrs; \$25 copay for Premium Plan Members	
Crowns/tooth caps				
Stainless steel crowns	Yes		1 per tooth # per year. \$25 copay for Premium Plan Members	
Metal (only) crowns	Yes		1 per tooth # every 5 yrs. \$25 copay for Premium Plan Members	
Metal/porcelain crowns	Yes		1 per tooth # every 5 yrs. \$25 copay for Premium Plan Members	

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Treatment Service	Treatment Services					
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Porcelain (only) crowns	Yes		1 per tooth # every 5 yrs. \$25 copay for Premium Plan Members			
Root Canals (endodo	ntics)					
Root canals on baby teeth (pulpotomies)	Yes		1 per tooth # every 3 yrs; \$25 copay Premium Plan Members			
Root canals on permanent teeth	Yes		1 per tooth # per lifetime; \$25 copay for Premium Plan Members			
Gum (periodontal) therapy	Yes		1 quad per year - 10=UR, 20=UL, 30=LL, 40=LR; \$25 copay for Premium Plan Members			
Dentures			1			
Partial dentures	Yes		\$25 copay for Premium Plan Members			
Complete dentures	Yes		\$25 copay for Premium Plan Members			
Bridges	Yes		\$25 copay for Premium Plan Members			
Orthodontics*						
Retainers (orthodontic)	Yes		\$25 copay for Premium Plan Members			
Braces	Yes - only with prior authorization		\$25 copay for Premium Plan Members; Requires precertification. Once per lifetime.			
Oral surgery						
Simple extractions	Yes		1 per tooth # per lifetime; \$25 copay for Premium Plan Members			
Surgical extractions	Yes		1 per tooth # per lifetime; \$25 copay for Premium Plan Members			
Care of abscesses	Yes		\$25 copay for Premium Plan Members			
Cleft palate treatment	Yes - only with prior authorization		\$25 copay for Premium Plan Members			

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Cancer treatment	Yes		\$25 copay for Premium Plan Members; Excision of malignant tumor/nonmalignant tumors up to and greater than 1.25 cm			
Treatment of fractures	Yes		\$25 copay for Premium Plan Members; Treatment of simple & compound fractures			
Biopsies	Yes		\$25 copay for Premium Prlan Members			
Treatment of jaw joint problems (TMJ)	No					
Emergency room services provided by a dentist	Yes		When Criteria are met.	Related to an accident causing damage to tooth structures. Biting and chewing accidents are not covered.		
Inpatient Hospital Services	Yes - only with prior authorization		Requires precertification.	Medically necessary adjunctive services that directly support the delivery of dental procedures which in the judgement of the dentist are necessary for the provision of optimal quality therapeutic and preventive oral care to patients with medical, physical or behavioral conditions. These services include but are not limited to sedation, general anesthesia, and utilization of outpatient or inpatient surgical facilities.		
Anesthesia	,,		1	Τ		
General anesthesia	Yes		Class 4 anesthesia permit required.			
Intravenous conscious sedation	Yes		Class 3 or 4 permit required.			
Non-intravenous conscious sedation	No					
Analgesia (nitrous oxide)	Yes					

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^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic

services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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